

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

IN RE: PRIMARY CARE TAC SPECIAL MEETING

---

September 25, 2019  
10:00 A.M.  
Cabinet for Health & Family Services  
Cafeteria Conference Room  
275 East Main Street  
Frankfort, Kentucky

---

---

**APPEARANCES**

---

Chris Keyser  
PRESIDING

Yvonne Agan  
Barry Martin  
Promod Bishnoi  
Raynor Mullins  
TAC MEMBER PRESENT

Mary Elam  
Noel Harilson  
Teresa Cooper  
Edward Conners  
KENTUCKY PRIMARY CARE  
ASSOCIATION

---

**CAPITAL CITY COURT REPORTING**

**TERRI H. PELOSI, COURT REPORTER  
900 CHESTNUT DRIVE  
FRANKFORT, KENTUCKY 40601  
(502) 223-1118**

---

APPEARANCES  
(Continued)

Carol Steckel  
Sharley Hughes  
David Gray  
Lee Guice  
MEDICAID SERVICES

Pat Russell  
WELLCARE

Sammie Asher  
AETNA BETTER HEALTH

Teresa Dotson  
L.M. Caudill  
MCHC

## AGENDA

1. Call to Order
2. Establishment of Quorum
3. Review and Approval of July, 2019 meeting transcripts and minutes
4. OLD BUSINESS
  - A. Report on wrap/crossover claims cleanup July 1, 2014 to June 30, 2018
    - a. Action items for final resolution of claims for the given time period
  - B. Update on request for 30-day window to submit the FQHC/RHC documentation with regards to HB 444
  - C. UB Modifier is not working as intended
5. NEW BUSINESS
  - A. KY Open Meeting Law presentation
  - B. Questions regarding DMS response to PCTAC July recommendations provided to TAC on 8/23/19
  - C. Moving the location of future PCTAC meetings and setting 2020 dates
  - D. Copay issue with pregnant women - patient must report to DCBS that they are pregnant causing billing issues with copay not showing correctly
  - E. Adding GO511 to the DMS fee schedule
  - F. PCTAC representation for MAC meeting 9/26/19
  - G. Updates or announcements from the MCOs
6. Adjournment

1 MS. KEYSER: Good morning,  
2 everyone. It is 10:00. This is the Primary Care  
3 Technical Advisory Committee. I would like to call  
4 this meeting to order.

5 We have established that we  
6 have a quorum as all members of the committee are  
7 present.

8 The committee members have  
9 received a copy of the transcribed minutes from the  
10 July 29th meeting. Is there any discussion on the  
11 minutes?

12 MS. AGAN: When I was reading  
13 the minutes, I noticed that we make reference in the  
14 minutes to the letter that you read during the  
15 meeting from Commissioner Steckel and that it should  
16 be attached to the minutes, but when the minutes were  
17 sent out, that letter was not present.

18 So, if we could entertain the  
19 idea of a motion that the minutes be accepted as long  
20 as that letter is attached.

21 MS. HUGHES: I'm sorry. That  
22 was probably my fault. Terri sent me those with a  
23 note that said don't forget. They will be on the  
24 website, yes, with the attachments.

25 MS. KEYSER: So, we have a

1 motion to approve the minutes pending with the  
2 attachment of the Commissioner Steckel letter that  
3 was read. Is there a second?

4 MR. MARTIN: Second.

5 MS. KEYSER: Second. Okay.

6 Any further questions or discussion on the minutes?  
7 All right, then, all those in favor of approving the  
8 minutes with the appending attachment, say aye.  
9 Those opposed, like sign. The minutes stand as  
10 approved.

11 Moving on to Old Business, our  
12 first item is a report from DMS on the wrap/crossover  
13 claims cleanup from July 1st, 2014 to June 30th.  
14 Sharley, are you going to----

15 MS. HUGHES: No. You don't  
16 want me to do it.

17 MS. KEYSER: Thank you,  
18 Commissioner.

19 MS. STECKEL: Thank you very  
20 much. We know that this has been an issue, one that  
21 I recognize and appreciate you all recognizing that  
22 we inherited this Administration and we do know we  
23 have to deal with this and get it resolved.

24 So, in an effort to do that,  
25 Sharley and I have handed out what we would like to

1 put on the table as a proposal. You will notice it  
2 says Draft on it. This is not a done deal, but what  
3 we'd like you all to do is to take it back, look at  
4 it and very quickly provide us with your comments  
5 good, bad and indifferent.

6 But what I did, and you will  
7 see this is a memo that I prepared for the Secretary,  
8 so, it has background information. The reason I kept  
9 it on there is I wanted to make sure that my  
10 understanding and our understanding of what the issue  
11 is marries with your understanding of what the issue  
12 is.

13 So, that's why you will see the  
14 Background, the Current Process, Current Process -  
15 Third-Party Liability and the Crossover Claims and  
16 the Overview of the Pilot Program.

17 Those are all things that we  
18 have been working on that I would just like you all  
19 to make sure that what I've said here is your  
20 understanding also so that we discuss this starting  
21 on the same page.

22 But, then, starting - and I  
23 didn't paginate these - but under the Proposed  
24 Resolution, that's what we would propose doing to  
25 resolve this issue.

1                   And we did look at three or  
2                   four different options, but the first one is using  
3                   the form, that we would probably modify the form that  
4                   came in the Tolling Agreement, the original Tolling  
5                   Agreement but probably not much, but it's a form that  
6                   we all agree on.

7                   The provider will submit the  
8                   claims data for the unreconciled encounters for the  
9                   period July 1 through present.

10                  And, then, the claims data  
11                  submitted will be associated with those encounters  
12                  and we'll marry those and that will help us reconcile  
13                  where reimbursements are owed or not owed, and we  
14                  will do that match with DXC.

15                  If there's no wrap on record,  
16                  you will see the process we'll go through. If a  
17                  claim shows a wrap payment, then, there will be no  
18                  further action.

19                  Now, one of the things that we  
20                  identified in this process with the pilot program  
21                  review is that there are some of your members that  
22                  are relying in total on the information that they get  
23                  from their clearinghouses.

24                  They can't do that. There's  
25                  work that they have to do to reconcile their claims

1 and we're going to hold them accountable to that.  
2 We're not going to do your job for you, and I mean  
3 that exactly as offensively as it sounds.

4 So, we're going to push back  
5 when it looks as if the health plan is not doing the  
6 appropriate reconciliations with their EOBs and  
7 they're relying on their clearinghouse; but given  
8 that, this is the proposal that we'd like to put on  
9 the table and move forward with as our  
10 reconciliation.

11 And I know we just dumped it on  
12 you today, so, I'm not asking you do you approve it,  
13 not approve it, but we would like to discuss this  
14 with you all in more detail, if you have any  
15 questions, any issues.

16 And, again, the first part of  
17 the memo, are we understanding the situation the way  
18 you all are understanding it so that we're all on the  
19 same page? Any questions?

20 MS. KEYSER: Committee? No. I  
21 think at the moment, all we're going to be able to do  
22 is to take it back, process it, see what's here,  
23 Commissioner, and, then, look at what questions that  
24 may arise because, as I said, right now you recognize  
25 that we just got this.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

COMMISSIONER STECKEL:

Absolutely, but we wanted to make sure you got it today so that we could hopefully move forward with getting comments back and start that process but we're not expecting you to come to an answer today.

MS. KEYSER: Noel, did you have a comment?

MR. HARILSON: I was just going to say our next TAC is scheduled for November 7th. So, it is on the calendar for November 7th. So, barring any change between now and then of a response, then, that might be a time to bring this back and bring our response back for a discussion, but we can always communicate outside of the TAC as well, not as a committee but to further it along even from KPCA's perspective in representation of.

COMMISSIONER STECKEL:

Exactly, yes, and we'll track where the comments are coming from as the official documentation, but I would like to be working on this between now and November 7th so that on November 7th, we can close the gap of where there might be issues or not, if we can.

MR. MARTIN: I don't see a problem with us giving this to the pilot program and

1       letting them review it.

2                       MS. KEYSER:  No.  I mean, I  
3       think we should be able to share this again with all  
4       parties involved to let them understand.  I think  
5       just quickly as one of the pilots, it certainly  
6       represents what our participation was, absolutely.

7                       I think the bigger thing is  
8       that what is being proposed that we need to kind of  
9       delve into, amount of effort, is there another way  
10      around.  I don't know.

11                      So, I think we need more time;  
12      but as Noel said, we'll look at this, respond,  
13      Commissioner, as far as coming back with something.  
14      We may have some more questions, etcetera, etcetera,  
15      using the KPCA as our arm in this.

16                      COMMISSIONER STECKEL:  Perfect.  
17      Now, you say another way to do it.  That won't be  
18      debated.

19                      What we'd like you to do is to  
20      look at our proposal, why would it work, why wouldn't  
21      it work and what amendments would you suggest to make  
22      it work, not come up with an entirely new proposal at  
23      large.  That's not going to be something we're going  
24      to entertain.

25                      MR. MARTIN:  I think we all are

1 in agreement there needs to be some format that we  
2 submit what we feel and what we can show that has not  
3 been paid and that's what you're asking for.

4 COMMISSIONER STECKEL: Right,  
5 right. Exactly.

6 MR. MARTIN: I think the  
7 processing and the accountability are the things that  
8 we need to talk about because I think we've always  
9 been willing to be accountable for what we submit and  
10 show if it's not being paid or not.

11 COMMISSIONER STECKEL: Sure.

12 MR. MARTIN: It's just the  
13 willingness of the MCOs and Medicaid to interchange  
14 that information and double check it. I think that's  
15 the process that we want to make sure that we're all  
16 in agreement.

17 COMMISSIONER STECKEL: Sure,  
18 and absolutely. I guess what I'm saying is what I  
19 want us to do is to work on this proposal. So, what  
20 should this form look like? What should the process  
21 that we've identified here, is there something that  
22 needs to be added, deleted? Don't take this out and  
23 put in a whole new proposal. That's something we  
24 don't want to entertain.

25 MR. MARTIN: And all the

1 conversations that we've been involved in, this is  
2 the same process.

3 COMMISSIONER STECKEL: It's  
4 pretty close to it, yes.

5 MS. KEYSER: No, but I think  
6 the committee would agree is that there is a lot of  
7 information out there, and whether it comes from our  
8 claims data, the MCO claim data, DMS' claim data and  
9 it's reviewing all of that to come to a conclusion  
10 that we are either owed money or we're not. And I  
11 think for us, that's where the work comes in for us  
12 and how we are going to figure that part out.

13 MR. MARTIN: The first thing is  
14 agreeing on a format.

15 COMMISSIONER STECKEL: Pardon?

16 MR. MARTIN: Agreeing to the  
17 format because we don't want to have to put together  
18 a lot of information that is unnecessary.

19 COMMISSIONER STECKEL: And we  
20 don't want to receive a lot of information that's  
21 unnecessary, but do understand our going in is that  
22 we recognize, and I hate to be ugly about it, but if  
23 need be, we'll start calling out people, that a lot  
24 of your members are not reconciling their EOBs like  
25 they should. They're relying on their clearinghouse

1 which is not reconciling their EOBs. So, we are not  
2 going to do their work for them. We're not.

3 MS. AGAN: Can you give an  
4 example of what you mean by that?

5 COMMISSIONER STECKEL: So,  
6 they'll say that - and I wish I had Jacob here  
7 because he could say it very specifically - but they  
8 will say that they're owed an encounter, they're owed  
9 a wrap payment. And, then, when we work with them,  
10 if they had reconciled their EOB to their claims to  
11 what they got paid, they would have found out that  
12 they did get a wrap.

13 MS. AGAN: So, you're referring  
14 to Medicaid's EOB, not the MCO's EOB.

15 COMMISSIONER STECKEL: Correct.

16 MS. AGAN: Okay. And not  
17 having read this, does this make a long-term proposal  
18 of how to go forward so we don't end up back in this  
19 situation? Is that included in this document?

20 COMMISSIONER STECKEL: It  
21 probably is not, but our long-term goal moving  
22 forward is we're working with CMS on a floor of the  
23 PPS rate in managed care. That's our intent.

24 MS. AGAN: Okay. And just one  
25 final thing and it's probably not important because

1       this is a draft, but when you listed the clinics that  
2       participated in the pilot, Family Health Center out  
3       of Louisville also participated.

4                       COMMISSIONER STECKEL:   Okay.  
5       And those are the kind of things that I just want to  
6       make sure that when we do the background information  
7       because literally I wrote this and this is how I  
8       think.   So, I had to put it down.

9                       So, please do not hesitate to  
10       say this isn't your understanding of the situation  
11       we're in so that we're all on the same page on  
12       background, current process, third-party liability,  
13       crossovers and, then, the pilot program review.   And  
14       tell me again the name.

15                      MS. HUGHES:    Is that Family  
16       Health Care?

17                      MS. AGAN:    It says Family  
18       Health Care.   So, I wasn't sure if that was someone  
19       else.

20                      COMMISSIONER STECKEL:   What  
21       should that name be?

22                      MS. AGAN:    It should be Family  
23       Health Centers.

24                      COMMISSIONER STECKEL:   Okay.  
25       And, again, that's because I wrote it.   Okay.   We'll

1 make that change but that's what that process is.  
2 And, then, on the proposal, again, what can we do to  
3 make this resolution work for both of our  
4 organizations, with the caveat I've already given  
5 twice?

6 And, then, the long-term  
7 solution is having the floor be the PPS rate for  
8 managed care. And, then, if they want to pay you all  
9 more, that's their business but they can't pay you  
10 less and we get out of the wrap payment business  
11 altogether.

12 MS. KEYSER: Committee, any  
13 other questions for the Commissioner? Then, Teresa,  
14 did you have any comments from the KPCA?

15 MS. COOPER: No.

16 MS. KEYSER: Not today? Okay.  
17 Great.

18 MS. HUGHES: Can I make just  
19 one suggestion?

20 MS. KEYSER: Yes, Sharley.

21 MS. HUGHES: You had mentioned  
22 sending it out to the other members. Could Noel send  
23 that out? I'm trying to get around the open meeting  
24 stuff. So, if he sends it out as a KPCA and not even  
25 mention the TAC and, then, have all the comments come

1 back to you and then you can get them, that kind of  
2 gets the TAC----

3 MR. HARILSON: Sure. And I  
4 think we talked about that a little bit where we  
5 would assume any communication back and forth between  
6 your office, Commissioner, if we decide to have any  
7 back-and-forth prior to November 7th because I think  
8 everybody would be under the preference to work on  
9 this a lot faster.

10 COMMISSIONER STECKEL: That  
11 would be mine, too, and if you will just direct  
12 everything either to Sharley or to me.

13 MR. HARILSON: Sure.

14 MS. HUGHES: I'll be glad to  
15 send this to you electronically.

16 MR. HARILSON: That would be  
17 great. Thank you very much.

18 MS. KEYSER: Okay. Thank you  
19 very much.

20 Moving on to Item B, the update  
21 on the request for a thirty-day window to submit  
22 FQHC/RHC documentation with regards to House Bill  
23 444. Noel.

24 MR. HARILSON: So, all we're  
25 really looking for is some possible closure on this.



1 I know that I have been in contact with Kate Hackett  
2 since May just kind of back and forth about this  
3 request.

4 In July, she had let me know  
5 that the Department was going to be meeting with the  
6 CMS liaison and this would be a topic that she was  
7 going to ask about and that was going to be on or  
8 around August 26th was that meeting and we haven't  
9 heard anything.

10 COMMISSIONER STECKEL: And we  
11 have gotten word back and CMS' opinion is there's no  
12 need for an extension. So, there won't be an  
13 extension granted. Their position is that you all  
14 get your documentation in time to submit it to CMS.

15 The one thing they did say,  
16 though, is if somebody isn't getting their  
17 documentation in a timely manner, to reach out to  
18 your CMS liaison and that would be the area to go to  
19 to fix it versus us giving a thirty-day.

20 MR. HARILSON: A thirty-day was  
21 an arbitrary number. It could have been ten days.

22 COMMISSIONER STECKEL: Sure, or  
23 ten or fifteen. Right, right, but, no, we won't be  
24 doing that.

25 MR. HARILSON: That's fine. It

1 was just a thought and an idea that we had to solve  
2 the--I don't know how many times it actually happens  
3 but it was----

4 MS. KEYSER: Right. So, I've  
5 got one coming up. So, my FQHC grant expires  
6 February 28th of 2020. So, if I don't get that  
7 Notice of Grant award - we've just submitted our SAC  
8 application - if I don't get it before then----

9 MR. HARILSON: The letter.

10 MS. KEYSER: The letter, the  
11 documentation that's required for me to send to DMS,  
12 then, come March 1st, the DMS system turns off my  
13 PPS, my reimbursement thing if I don't get it----

14 COMMISSIONER STECKEL: Correct,  
15 and CMS is telling us----

16 MS. KEYSER: ----through no  
17 fault of my own if I don't get it.

18 COMMISSIONER STECKEL: But CMS  
19 is telling us that you get that in time and that  
20 there is no reason for Medicaid to extend the window.

21 MS. KEYSER: But if I don't get  
22 it in time, then, I'm supposed to contact----

23 COMMISSIONER STECKEL: The CMS  
24 liaison.

25 MS. KEYSER: CMS, not HRSA who

1 gives me the Notice of Grant award.

2 COMMISSIONER STECKEL: That is  
3 what we were told by our CMS folks. To me, this is  
4 an issue that you all have with HRSA, not with  
5 Medicaid but----

6 MS. KEYSER: Well, I would say  
7 I don't disagree with you but as that's my proof to  
8 Medicaid, yeah.

9 COMMISSIONER STECKEL: I know  
10 you're caught in a Catch-22 but CMS is saying there's  
11 no need to extend it and we don't want to get in the  
12 habit of starting to extend where--I mean, we know  
13 you're going to renew but what if somebody doesn't  
14 renew? We extend it, we pay claims in a period of  
15 time that they're not allowed, then we get a  
16 recoupment effort.

17 MR. HARILSON: Well, to the  
18 same vain, when they do drop off which you've had  
19 happen before----

20 MS. KEYSER: Yes, Noel.

21 MR. HARILSON: ----then, it's  
22 the same process of the administrative burden there  
23 as well.

24 COMMISSIONER STECKEL: I  
25 understand.

1 MR. HARILSON: But we see it  
2 both ways. I mean, it was a request for a possible  
3 resolution to the clinics falling off because of  
4 something that they don't really have control over  
5 but we appreciate the response.

6 COMMISSIONER STECKEL: Well, we  
7 would be glad to meet with HRSA with you or for you  
8 all to say that this is a concern for Medicaid also  
9 but it's a HRSA issue, not a Medicaid issue.

10 MS. AGAN: What happens when we  
11 do send it in and it doesn't get processed in a  
12 timely manner? That's what has happened in our case.  
13 We sent it in in time but it didn't get processed.  
14 The Enrollment Department or whoever is responsible  
15 for that didn't load it in a timely manner.

16 COMMISSIONER STECKEL: That's  
17 our fault and we will make the correction. I don't  
18 know if I've brought her here but Genevieve Brown,  
19 have you all met Genevieve?

20 MS. HUGHES: I can send her a  
21 message.

22 COMMISSIONER STECKEL: Yes, ask  
23 her if she can come down. I have a new Chief of  
24 Staff, Genevieve Brown, and she is an attorney out of  
25 Lexington, worked on Medicaid and Medicare on the

1 federal level, but she is actually the Acting  
2 Director of Program Integrity also which includes our  
3 Member Enrollment and Provider Enrollment. And, so,  
4 she is actually helping us realign and improve those  
5 services.

6 What I would like you all to do  
7 is when you run into those problems is reach out to  
8 her, and it's [genevieve.brown@ky.gov](mailto:genevieve.brown@ky.gov). We'll see if  
9 she can come down so you can put a face to a name,  
10 but the Provider Enrollment issues, if you come into  
11 that kind of a situation, we will own it. We will  
12 fix it. We're hoping that the work that she is doing  
13 with the staff that we will improve that, and the  
14 provider portal should improve that also.

15 MS. KEYSER: Right. That's  
16 what I was going to say. There's an electronic  
17 mechanism now.

18 So, if I was to submit my  
19 documentation on the 28th - let's say I just got it -  
20 and that was the soonest I could upload it into all  
21 system, what is the expectation for it to get  
22 approved and it to be just kind of seamless or is it  
23 going to take a couple of days, and, so, then,  
24 automatically the system will kick me out on March  
25 1st as being eligible?

1 COMMISSIONER STECKEL: So, here  
2 is my understanding of it which may not be the truth,  
3 but my understanding is the reason we do provider  
4 portal is to have it electronic instead of a human  
5 having to look to see did you submit that specific  
6 form, that the system, once that form is in, will  
7 push it forward.

8 MS. KEYSER: Okay.

9 COMMISSIONER STECKEL: Now,  
10 let's put that on the list to check with Genevieve  
11 and make sure when they submit the HRSA forms that it  
12 automatically moves it forward through the process,  
13 but my understanding is that's the whole intent of  
14 the provider portal is that you nor I have to do  
15 anything beyond the initial, meaning our departments,  
16 or organizations, but let us check on that and make  
17 sure that's the case.

18 MS. KEYSER: Thank you. Any  
19 further discussion on this item?

20 All right. Then, we'll move on  
21 to the UB modifier. It's still not working as  
22 intended. And in looking at communication that we  
23 had, we did send a followup email to DMS which was  
24 asked of us from the July meeting. Noel, is that  
25 correct?

1 MR. HARILSON: Yes.

2 MS. KEYSER: And we're still

3 kind of stuck on it's not working. And I noticed

4 that it was mentioned, Commissioner, in this draft,

5 the UB modifier under claims billing as well. So, we

6 just wanted to know if----

7 MS. GUICE: We're talking about

8 the UB modifier 39. Is that it? I'm just

9 forgetting.

10 MS. KEYSER: Mary?

11 MS. ELAM: UB on non-face-to-

12 face encounters like chronic care management.

13 MS. GUICE: Right. So, we got

14 an email that asked for a few codes to be moved that

15 we were paying the wrap on that were not correct.

16 And, then, we got another email that said a few more

17 codes and, then, Charles and I had a long discussion

18 about whether - and I thought it was 39 - I have no

19 idea what it is - just if you put this modifier with

20 the claim, whatever it is, let's pretend it's 39,

21 that the system would not pay a wrap on it. The

22 system would understand that.

23 MS. ELAM: Right.

24 MS. GUICE: And you're telling

25 me it's not currently working?

1 MS. ELAM: It's not on some of  
2 those codes, yes.

3 MS. KEYSER: It's working--  
4 well, it's not working. We put the modifier on the  
5 visit code. The 99211 is the nursing visit. It is  
6 just that. It's not a face-to-face encounter. It's  
7 a nursing visit.

8 And, then, under that 99211 we  
9 would put a CPT code, and it seems to be that those  
10 CPT codes are not getting connected to the UB  
11 modifier. Mary, am I saying that correctly?

12 MS. ELAM: You are. That  
13 possibly isn't the best example. I mean, what I have  
14 seen more often is like a 99490 for chronic care  
15 management that they would not have received a PPS  
16 rate on is not always going through and working  
17 correctly.

18 MS. GUICE: Okay. Can you send  
19 me a specific example claim to look at so we can  
20 research? It might be that we haven't gotten in the  
21 - when I say gotten in - that DXC hasn't completely  
22 implemented all of the change requests that we sent  
23 because we did take a little while, Charles and I  
24 took a little while to discuss whether or not doing a  
25 sweeping, if you use this one modifier, does that



1 work and, then, we don't have to be concerned about  
2 trying to put in several different change orders when  
3 codes keep coming in because, as we all know, codes  
4 change all the time, well, once a year.

5 So, if we can, we would like to  
6 have one solution instead of several different ones  
7 throughout the year because that takes a lot of time  
8 to get implemented.

9 So, we tried to put in the one  
10 solution with whatever the UB 1 modifier is that I  
11 think of as 39 or whatever it is. I have no idea  
12 since that doesn't ring a bell for you.

13 MS. ELAM: It's actually UB.

14 MS. GUICE: It is UB?

15 MS. RUSSELL: UB is the actual  
16 modifier.

17 MS. ELAM: Yes, the actual  
18 modifier.

19 MS. GUICE: Okay. There you  
20 go.

21 COMMISSIONER STECKEL: So,  
22 would it help if, Mary, you and Lee, the three of you  
23 got together with you representing the group at large  
24 with some specific examples so, then, they can walk  
25 through. Is it something that just hasn't gotten

1 through the system?

2 MS. GUICE: Right. So, that's  
3 what I'm saying. If you could just show me a couple  
4 of places so that we can double check. Did we not  
5 put the change order in with enough detail or----

6 MS. ELAM: To capture that.

7 MS. GUICE: Yeah, or that it's  
8 not it's not implemented.

9 COMMISSIONER STECKEL: So, if  
10 you----

11 MS. KEYSER: I'm sorry,  
12 Commissioner. Excuse me. I do hate to interject but  
13 we gave examples on this email. And, so, Mary, while  
14 you are focused right now on the case management,  
15 those of us that don't bill for case management, what  
16 we do bill for at a nursing visit are the  
17 administrative codes for the vaccinations.

18 And that is I would say the  
19 bulk of where we're running into these problems is  
20 that we're getting paid for the wrap. The MCO pays  
21 us the administration fee and then it gets processed  
22 through and then we get a wrap payment for that 99211  
23 visit.

24 So, there were examples in that  
25 email that we sent.

1 COMMISSIONER STECKEL: Where  
2 did that email go?  
3 MR. HARILSON: To Sharley on  
4 July 22nd.  
5 MS. KEYSER: To Sharley on July  
6 22nd.  
7 MS. HUGHES: I'm going to have  
8 to look and see.  
9 COMMISSIONER STECKEL: Okay.  
10 So, that's the missing link, that email. Then,  
11 Sharley will send that email to Lee. Lee will do the  
12 research, ask any questions of Mary and, then, report  
13 back to the TAC.  
14 MR. HARILSON: And on that  
15 email, you will also find the thirty-day. So, you  
16 can ignore that piece because that was in response  
17 to, Commissioner, your letter to the committee in  
18 July. And in that letter on a few of those agenda  
19 items, it said can you please provide further  
20 information.  
21 COMMISSIONER STECKEL: Sure.  
22 Sure.  
23 MR. HARILSON: And, then, on  
24 July 22nd, we provided that further information. And  
25 for some reason, Sharley, it didn't come through or

1       you can't find it. I'm happy to re-send it.

2                       MS. HUGHES: I'm sure it's  
3       there. And I think if I got it, I may have  
4       forwarded.

5                       MR. HARILSON: But we had a  
6       spreadsheet with examples and, then, additional  
7       examples with actual ICN numbers and things like that  
8       for you to be able to look up.

9                       COMMISSIONER STECKEL: So,  
10      we'll be sure Lee has it. Lee and Charles will look  
11      at it, get with Mary if they have any questions and,  
12      then, we will report back on November 7th.

13                      MS. COOPER: Ms. Keyser?

14                      MS. KEYSER: Yes, Teresa.

15                      MS. COOPER: The change order  
16      that Ms. Guice was referring to, they had written it  
17      in such a way that the UB modifier could be appended  
18      to any code a facility wanted to pay zero. So, it  
19      would eliminate the listing of codes. Mary happened  
20      to send the codes just to clarify because the codes  
21      do change. They can change up to four times a year.

22                      MS. KEYSER: So, again, let me  
23      say that back to you. So, if we, our billing, put  
24      the UB modifier on not just the E&M code, the 99211,  
25      but we would have to do it on the CPT codes as well?

1 MS. COOPER: On anything that  
2 you did not want a wrap payment on----  
3 MS. KEYSER: Understood.  
4 Perfect.  
5 MS. COOPER: ----you would get  
6 zero pay.  
7 MS. KEYSER: Okay. That's us  
8 saying, again, we don't want a wrap. Understand.  
9 Okay.  
10 MS. COOPER: Yes. So, it would  
11 work with any code.  
12 MS. KEYSER: That would be  
13 wonderful.  
14 COMMISSIONER STECKEL: Chairman  
15 Keyser, if I could, I'd like to introduce Genevieve  
16 Brown, my Chief of Staff. Genevieve, this is the  
17 Primary Care TAC. Would you all mind introducing  
18 yourselves just so she'll have a name and a face.  
19 (INTRODUCTIONS)  
20 COMMISSIONER STECKEL:  
21 Excellent. There are some issues about we were  
22 talking about the thirty-day and I asked that they  
23 reach out to you if they have any issues, but we  
24 resolved that that's a HRSA issue, not our issue, but  
25 I wanted them to put a face to a name and for you to

1 put a face to a name.

2 MS. BROWN: Thank you.

3 MS. KEYSER: We do. We really  
4 appreciate that. That helps us.

5 COMMISSIONER STECKEL: So, you  
6 are welcome to stay.

7 MS. BROWN: I'll stay.

8 MS. KEYSER: Thank you very  
9 much. Was there any further discussion on our UB  
10 modifier? Okay. We're going to get more on that by  
11 November. Wonderful.

12 We'll move on to New Business,  
13 then. Sharley and the Kentucky open meeting law  
14 information.

15 MS. HUGHES: If you all had any  
16 questions about it. I know I sent this out and,  
17 then, I sent a followup on the emails because I had a  
18 couple of TACs that were very concerned about agenda  
19 items and so forth. Do you all have questions on any  
20 of the open meeting laws?

21 MS. AGAN: No. It's pretty  
22 self-explanatory.

23 MS. KEYSER: Yes. It was good  
24 information.

25 MS. HUGHES: Okay. We just

1 wanted to make sure that everybody got some  
2 information on it.

3 MS. AGAN: I thought it was  
4 good from the standpoint of just a reminder.

5 MS. HUGHES: Right. And I'll  
6 probably actually just send a reminder of some sort  
7 out about every year, too, because new people come on  
8 the TACs and so forth.

9 MS. KEYSER: Absolutely. Thank  
10 you.

11 Any questions from the  
12 committee regarding DMS' response to the Primary Care  
13 TAC's recommendations to the MAC that were provided  
14 to us? This is in regard to our recommendation for  
15 the preventive pediatric health care for adult  
16 screening.

17 And, Commissioner, you all  
18 should have a letter dated August 23rd in regard to  
19 that response. We brought this to the MAC for  
20 consideration and I think the overlying or the  
21 impression is that they are important but that  
22 Kentucky Medicaid is not the correct route to require  
23 well-care visits, well-child visits for entering high  
24 school.

25 COMMISSIONER STECKEL: And if I

1 may, Madam Chair. We will pay for it if it happens.  
2 So, under EPSDT, it is something that will get  
3 reimbursed. It's just the mandatory component that  
4 you all recommended that we're not comfortable with.

5 MS. KEYSER: So, Noel, did the  
6 KPCA have any thoughts on this?

7 MR. HARILSON: Well, there was  
8 a suggestion, I think, made in the response. And,  
9 so, the KPCA may take another avenue based on the  
10 suggestion in the response of who to go to, maybe the  
11 Department of Education or someone like that. So, I  
12 think that's the direction that KPCA may take.

13 MS. KEYSER: Okay, because it  
14 was never a question of reimbursement. It was just a  
15 question of helping us to put that as an important  
16 process for getting parents to get their adolescents  
17 in. It's what we're struggling with as far as in  
18 meeting quality measures for that particular measure.

19 COMMISSIONER STECKEL: Sure.  
20 And we don't disagree with that particularly, not  
21 only physical health but behavioral health.

22 And, so, if I may also - I know  
23 I'm taking up a lot of time - but we are doing a lot  
24 of work with KDE on free care and how do we make sure  
25 that we're maximizing Medicaid revenues in schools so



1 that they can free up their state money for children  
2 that are not Medicaid eligible. So, we're working  
3 with them on primary care. We're working with them  
4 on how do we get telehealth, how do we expand  
5 services in the schools. And I know primary care  
6 clinics have a lot of relationships and actually help  
7 those school systems in many areas.

8 So, we're excited about the  
9 new-found relationship we have with KDE and look  
10 forward to that. So, any way we can help. The goal  
11 is admirable. So, any way we can help shy of a  
12 mandate we're willing to help.

13 MS. KEYSER: Thank you. All  
14 right.

15 We will move on to Item C under  
16 New Business, moving the location of future Primary  
17 Care TAC meetings and, then, setting our 2020 dates.  
18 I think Noel has some information for the committee  
19 as far as the thought of having a different home for  
20 our meetings.

21 MR. HARILSON: So, with  
22 Sharley's information on open meetings and referring  
23 to specifically the KRS Chapter 61 where it comes to  
24 open meetings where it defines telehealth and being  
25 able to provide that, and, Commissioner, you have

1 actually shared with the committee as well and, then,  
2 we had the most recent decision come down from the  
3 Attorney General, or I guess opinion from the  
4 Attorney General.

5 COMMISSIONER STECKEL: It  
6 wasn't an opinion nor a decision.

7 MR. HARILSON: What's the  
8 actual term then?

9 COMMISSIONER STECKEL: I don't  
10 know what term----

11 MR. HARILSON: Well, it was a  
12 letter.

13 MS. HUGHES: Yes, it was a  
14 letter but it was not an official opinion.

15 MR. HARILSON: It was a letter  
16 in response. To be fair, I agree with that because I  
17 know you shared that at the MAC meeting.

18 But there is a possibility.  
19 KPCA, with our offices in Frankfort, are happy to  
20 host this open meeting for a public agency. We have  
21 the space and the room. We also have the technology  
22 to be able to make sure that everyone can see  
23 everyone in the room, that everyone can see everyone  
24 that is on video.

25 And, so, it would just be

1 something the committee would discuss and move on  
2 whether or not that stays here at this building  
3 or----

4 COMMISSIONER STECKEL: But  
5 understand, then, I will not be attending and the  
6 leadership of DMS will not routinely be attending.  
7 Just exactly like we could get Genevieve down here  
8 because she was just upstairs, when meetings are held  
9 off campus - I hear what you're saying about the  
10 telehealth capabilities - we are not going to be in a  
11 position where we could go somewhere else and that  
12 takes us half of a day, no matter what, no matter how  
13 close it is. It's just not something that we can  
14 rely on.

15 MR. HARILSON: So, just for  
16 point of clarification, I know that there's at least  
17 one other TAC that I attended that does not meet in  
18 the CHFS building.

19 COMMISSIONER STECKEL: There  
20 are and we don't attend those TACs.

21 MR. HARILSON: So, I wanted to  
22 be clear because I know in the past that there had  
23 been and it's a fundamental change in that.

24 COMMISSIONER STECKEL: It is  
25 entirely within your right to do that, but

1 understand, I would ask that you reconsider because  
2 this TAC--that TAC is important, too. The  
3 relationship and the work that we get done is so  
4 critically important. And I know it doesn't sound  
5 like a lot for us to pack up and come to your office,  
6 but if you want the ability to have more than just  
7 one representative from DMS, and we could go back to  
8 what I understand happened before and that's we'll  
9 have to get back with you, we'll have to get back  
10 with you.

11 That's not how I want these  
12 meetings to be. I'd like these meetings to be more  
13 let's make a decision where we can, let's have the  
14 people who are capable of making those decisions in  
15 the meeting. And in order to do that, it is more  
16 convenient for us to be here in this building.

17 MS. KEYSER: So, in the  
18 advanced notice of the 2020, the upcoming year's  
19 meeting dates, if we did decide to change to a  
20 different venue, are you saying that there would no  
21 likelihood of any representation from DMS or it would  
22 be spotty at best, depending on their schedules and  
23 things like that, Commissioner?

24 COMMISSIONER STECKEL: It would  
25 be close to no likelihood.

1 MS. KEYSER: Okay.

2 MS. HUGHES: And if there's  
3 concern about the equipment, the Therapy TAC had  
4 their meeting in here and they did video conference.  
5 She just had her laptop and her projector and I'm  
6 assuming she used something like Zoom on her laptop  
7 and she was able to project it on that wall and  
8 everybody could see.

9 MR. HARILSON: That was going  
10 to be my next question because I don't think it's a  
11 fact that KPCA is pushing to host it. It was just  
12 with a concern about the technology and the fact that  
13 we do have that available at our offices.

14 COMMISSIONER STECKEL: I  
15 understand.

16 MR. HARILSON: So, just so the  
17 committee understands, it's not that I'm up here on  
18 behalf of KPCA saying we want to move. Please  
19 consider that. It's just----

20 COMMISSIONER STECKEL: And  
21 that's how we take it.

22 MR. HARILSON: ----with the  
23 recent discussions over using the video conference  
24 services for the TACs and being able to have quorum  
25 and so forth, that there was an option there.

1 MS. KEYSER: So, do you think  
2 that we would be able to meet the technology needs in  
3 this space if we needed to as far as to establish a  
4 quorum and things like that?

5 MR. HARILSON: I believe so.  
6 Like Sharley was saying with that other TAC, we would  
7 be supplying that technology because I don't  
8 think----

9 MS. KEYSER: The burden is on  
10 us to bring it.

11 MR. HARILSON: The burden is on  
12 us to do so. So, I mean, I believe that is a strong  
13 possibility, and if we could do that. As long as we  
14 had the signal and everything was good and we could  
15 connect, I don't think that would be a problem.

16 MS. KEYSER: Is there some  
17 technology resource that if looking at this, because  
18 you don't want to find out the day of. You bring  
19 everything and it doesn't work. That if we wanted to  
20 continue meeting here and prepare for a likelihood  
21 that we needed to do a tele meeting and that type of  
22 thing, that we could check that out, come and set up  
23 and do it instead of the day of the meeting and then  
24 you find out, oh, it doesn't work.

25 COMMISSIONER STECKEL: We would

1 put whoever it is with KPCA that is going to come in  
2 in touch with the telehealth people or the  
3 technicians, whoever does that stuff----

4 MS. HUGHES: The issue with  
5 that is that even as employees, if we have an issue  
6 with our computer at our desk, we have to call the  
7 Help Desk. If they can't resolve it over the phone,  
8 then, they put in a log----

9 COMMISSIONER STECKEL: Which  
10 that is not the optimal and I wish I could say for  
11 you all to do it in your office and for us to come  
12 and meet but----

13 MS. GUICE: They can't get on  
14 the internal network. Nobody from the outside can  
15 get on the internal network.

16 COMMISSIONER STECKEL: It's not  
17 the most optimal thing. I wish we could go to your  
18 offices but I just know what our time is like and  
19 multiply it times nine other TACs, ten other TACs.

20 MR. MARTIN: Is there a phone  
21 line?

22 MS. HUGHES: There is a phone  
23 line over that.

24 MS. KEYSER: A phone line is  
25 just part of it.

1 MR. MARTIN: I know but we  
2 could have a conference call, have them call in,  
3 right?

4 MS. KEYSER: No. It has to be  
5 visual.

6 MR. HARILSON: Everyone in the  
7 public agency has to be able to be seen and see. So,  
8 as Sharley was referring to with the projection or as  
9 we have with a screen at the building, if you're  
10 calling in from your home, your face is on that  
11 screen so everyone in the room can see that Barry  
12 Martin is attending the meeting.

13 MS. KEYSER: So, is this  
14 something that we want to have further discussion  
15 today on or, again, bring it back or do nothing today  
16 as far as a change of venue?

17 MS. AGAN: I think we need to  
18 evaluate what our options would be and then come  
19 back.

20 MR. MARTIN: Two things. One  
21 thing is, by all means, we want your participation,  
22 not only want it but we really need it and appreciate  
23 it. When you're not here or your representatives,  
24 it's very counterproductive for us.

25 So, we want to make sure that



1 we keep that relationship going. So, if you will  
2 commit to be here, then, we want to commit to be  
3 here.

4 The next thing is the  
5 videoconferencing. We'll have to figure that out.  
6 We may have to bring a laptop.

7 MR. HARILSON: I know that KPCA  
8 has all the technology to be able to make that  
9 happen.

10 MS. HUGHES: And, Noel, if you  
11 want to come down some day, I will be glad to meet  
12 you, but let me know so I can make sure the room is  
13 available and open and you can try to make sure that  
14 it would work with a laptop and your projector.

15 MS. KEYSER: The Chair does not  
16 disagree at all, absolutely. Again, I think the  
17 burden is on us as far as to meet the technology  
18 issue, if that becomes an issue, but we need to  
19 figure that out in advance and not be a last-minute  
20 kind of thing.

21 The other thing is setting the  
22 meeting dates for the 2020 dates. We will need the  
23 committee to act on approving the 2020 meeting dates  
24 and we are looking at two weeks prior to the  
25 scheduled MAC meeting. I believe that's what we have

1 traditionally set and everything.

2 MS. HUGHES: Did you all look  
3 at the dates that I sent you because I think I sent  
4 out a calendar for all the TAC members with proposed  
5 dates.

6 What we're trying to do, that  
7 two weeks prior to the MAC has about six TACs that  
8 want to meet in a three-day period, six to eight  
9 TACs. So, what I have done is I have tried to keep  
10 everybody on the same day but maybe move you to the  
11 week before or the week after just so that we're not  
12 having two or three TAC meetings at a time on the  
13 same day or two or three TAC meetings in a day.

14 MS. KEYSER: And, Sharley, I'm  
15 going to tell you that I don't think I can recall  
16 what you had set up or proposed for the TAC. Noel,  
17 do you?

18 MR. HARILSON: Yes. The date  
19 that Sharley proposed for the Primary Care TAC was  
20 bumping it up a week to where it's a week prior to  
21 MAC as opposed to the traditional two weeks that we  
22 have prior to MAC. I don't have a historical  
23 precedence to know the significance of two weeks  
24 prior to MAC. I'm sure David could speak to it if he  
25 had been here.

1 MR. MARTIN: Any  
2 recommendations that we propose, we could get them  
3 ready----

4 MS. KEYSER: I mean, that would  
5 be the work. It's just that in preparation for that  
6 meeting, that we have the opportunity to develop what  
7 those recommendations are, get them approved the week  
8 before.

9 MS. HUGHES: Well, those have  
10 to be developed and approved at the meeting. You  
11 cannot do those in an email.

12 MR. HARILSON: But as far as  
13 write-ups.

14 MS. KEYSER: No. I was not  
15 implying that at all.

16 MR. MARTIN: Just I guess  
17 writing them up and having them ready for the MAC.

18 MS. KEYSER: No. During the  
19 meeting, we all put them on a sheet of paper here.  
20 And, so, it's preparing what that looks like for the  
21 presentation to the MAC. As the who is going to be  
22 sitting in front of the MAC, I don't want to be  
23 looking at little things like my little notes here.  
24 I want to understand.

25 So, that's what we're referring

1 to is that the committee is going to make the  
2 recommendations on our normally scheduled day. And  
3 if it's a week in advance, the work, then, is that I  
4 am prepared to give this presentation to the MAC  
5 within a week as opposed to two weeks and, again, as  
6 the person who traditionally or at this moment is the  
7 one looking at my schedule and doing that as well.

8 So, are we wanting to make the  
9 change to a week before the MAC?

10 MS. AGAN: So, I understand we  
11 had the option to go one week before the MAC or three  
12 weeks before the MAC.

13 MR. HARILSON: So, just for  
14 point of clarification. The committee sets the  
15 dates. Sharley recommended that for several reasons  
16 but the committee sets the dates. And, so, the  
17 committee could say anytime.

18 COMMISSIONER STECKEL: But,  
19 again, you bump up against can we be there or not.

20 MR. HARILSON: Sure, but I just  
21 wanted to make sure the committee does understand  
22 that the committee sets the dates.

23 COMMISSIONER STECKEL: You are  
24 exactly right. You're exactly right.

25 MS. HUGHES: In January of last

1 year when we merged it and put it altogether and me  
2 being the liaison for each of the TACs, we had a  
3 couple that were meeting at the same time on the same  
4 days and I had to ask them to move.

5 And, so, what I was doing was  
6 just trying to propose some dates for each of the  
7 TACs and send them out well in advance because  
8 normally you all would not even set these until  
9 November to just try to keep everybody on the same  
10 day because I know a lot of times, that's your  
11 preference, but just maybe move if there was more  
12 than one per day.

13 MR. HARILSON: I would also say  
14 to the Chair that just as Sharley said, we normally  
15 wouldn't do these until November. Of course, there  
16 could be new TAC members at that November meeting to  
17 set for their committee.

18 MS. KEYSER: Noel is correct on  
19 that because there will be the likelihood that some  
20 on this committee will be rotating off because at the  
21 annual KPCA meeting, committee assignments will be  
22 taking place and board members are going off, that  
23 type of thing.

24 So, we could be looking at a  
25 different group of people who might have a different

1 flavor as far as what's going to work and be best for  
2 this committee.

3 So, I guess I'm feeling that  
4 for right now, we meet again November 7th----

5 MR. HARILSON: Or the TAC meets  
6 again November 7th. We may not be.

7 MS. KEYSER: No, no.  
8 Absolutely. Absolutely. And, so, this committee can  
9 certainly decide to have the new committee which will  
10 be in place in January to decide going further  
11 because they will be the new committee. Any thoughts  
12 on that? Does that sound okay?

13 MS. AGAN: I think that's a  
14 great idea.

15 MS. KEYSER: Okay. So, then,  
16 we won't have any action as far as on making a  
17 decision today on that. We will leave that up to at  
18 the November meeting.

19 MR. HARILSON: We'll move it to  
20 Old Business.

21 COMMISSIONER STECKEL: And,  
22 Noel, I think you got from Sharley the calendar of  
23 all of the TAC meetings.

24 MR. HARILSON: Yes.

25 COMMISSIONER STECKEL: So, if

1 you all could just take into account we have an  
2 agency to run, too. So, the goal is not to have two  
3 TAC meetings on the same day, not to have a whole  
4 week before the MAC meeting taken up with TAC  
5 meetings or the two weeks before the MAC meeting.

6 So, if you all could kind of,  
7 as you consider your dates, look at those and help us  
8 with that, we would be very appreciative, again, back  
9 to the statement, this is an important TAC for us and  
10 we would very much like to be able to be involved at  
11 all levels of the agency.

12 MS. KEYSER: Thank you.

13 MS. COOPER: Commissioner, is  
14 there a requirement that the recommendations to the  
15 MAC have to be submitted "x" amount of days before  
16 the MAC meeting?

17 MS. HUGHES: No. What we've  
18 got is that to allow me to have time to make copies  
19 and stuff for the MAC, I do prefer that we get it  
20 like by noon on Monday before the MAC, but that's for  
21 me to get the copies, get them in the folders for  
22 each of the MAC members. If they're not there, then,  
23 whoever comes to the MAC, they just bring twenty  
24 copies for me to pass out to them at that time.

25 MR. MARTIN: Going back, as

1 long as we have a commitment from the Commissioner's  
2 Office that they will be there, make every attempt,  
3 we want to make every attempt to have that  
4 opportunity.

5 MS. KEYSER: Thank you, Barry.

6 COMMISSIONER STECKEL: You have  
7 that commitment.

8 MS. KEYSER: Wonderful.

9 COMMISSIONER STECKEL: I think  
10 I have been at almost all of them but I will  
11 reiterate that committee.

12 MR. MARTIN: In years past,  
13 we've had very low attendance by the Commissioner and  
14 appropriate representatives. So, we want to make  
15 every accommodation to have that happen. We just  
16 don't want to make special attempts on our side and  
17 there not be that intent on your side.

18 COMMISSIONER STECKEL: And I  
19 hope no one goes out of this room thinking that we're  
20 not recognizing, that I'm not recognizing the value  
21 of your time either. I do recognize that.

22 So, I know we're asking a lot  
23 to say can you accommodate us by being here, but I  
24 also know the value of being able to call people down  
25 and not having to go somewhere for four hours of



1       their day.

2                       So, if we could somehow work  
3       all of that out, you have my commitment that not just  
4       me but the appropriate staff members. I want this to  
5       be a true policy discussion, and we may talk about  
6       things that we haven't made a decision on. So, to  
7       have the right people that could talk about that is  
8       important. So, yes, you have my commitment.

9                       MS. KEYSER: Thank you,  
10       Commissioner.

11                      Moving on, copay issue with  
12       pregnant women. Mary, can you enlighten us a little  
13       bit about what's going on there?

14                      MS. ELAM: Sure. So, it's my  
15       understanding and the example that I have seen that  
16       pregnant women----

17                      MR. HARILSON: Mary, I'm sorry.  
18       Can you come to the table so we can hear you better?

19                      MS. ELAM: Pregnant women are  
20       being assessed a copay on KYMMIS website. The  
21       eligibility shows that they owe a copay which  
22       eventually comes out of the wrap, the \$3 copay. And  
23       I understand that they are required to report to  
24       their local DCBS office to have that indicator  
25       changed to show that they're pregnant instead of

1       picking that up on the claim detail.

2                   MS. GUICE: Correct. It's an  
3       eligibility issue for Medicaid. Pregnant women get a  
4       whole different set of eligibility rules applied to  
5       them. In order for that to apply, they've got to get  
6       the information into the eligibility system.

7                   So, they can go, they can call,  
8       they can use a self-service portal. Your Assistors  
9       can probably help them do that or Certified  
10      Application Counselors I think is the name, but  
11      there's no way around that.

12                  MS. KEYSER: So, the  
13      complication for us, Mary, if I'm following this is  
14      that we're following what's on KYMMIS.

15                  MS. ELAM: Correct.

16                  MS. KEYSER: It says we can  
17      collect a copay and we collect a copay and, then,  
18      they after that fact come in and report that they're  
19      pregnant. We've collected a copay. It's subtracted  
20      from the PPS rate and, then, we have to do a whole  
21      reversal?

22                  MS. ELAM: Well, you're going  
23      to owe the member. Eventually that \$3 is going to be  
24      sitting there where the member didn't really owe  
25      that.

1 MS. GUICE: Yeah, but they did.  
2 At that point in time, they did owe it. If I don't  
3 do what I'm supposed to do as the Medicaid member, as  
4 the pregnant woman, then, I owe the copay. It's not  
5 about what you think they might owe. It's about my  
6 responsibility to go and tell the DCBS office that  
7 I'm pregnant so that my rules can change. Until my  
8 rules change based on me, I owe the copay.

9 COMMISSIONER STECKEL: And  
10 there are a lot of ways that can happen shy of  
11 someone going to a DCBS office.

12 MS. GUICE: Right.

13 COMMISSIONER STECKEL: Work  
14 with your Application Assistors, have the phone  
15 number that you give to the woman that says please  
16 report that you're pregnant. There's a lot that can  
17 be done online, on the phone or them going in if  
18 that's what they want to do.

19 MS. GUICE: Right.

20 MS. KEYSER: But if we collect  
21 it, then, I get to keep that \$3 until they make it  
22 official through the system and it reflects on  
23 KYMMIS.

24 MS. ELAM: That's what I hear.

25 MS. AGAN: Does it retro back?

1 MS. ELAM: I'm not sure.  
2 MS. GUICE: Does what retro  
3 back?  
4 MS. AGAN: If we saw them on  
5 the 1st and they didn't report it until the 10th of  
6 the month, does it retro back to the----  
7 MS. GUICE: No, it does not  
8 retro back.  
9 MS. AGAN: They owe that.  
10 MS. GUICE: It does not retro  
11 back.  
12 MS. AGAN: It's from their  
13 report.  
14 MS. GUICE: It does not retro  
15 back, correct.  
16 MS. KEYSER: So, is that  
17 information that maybe KPCA can send out to our group  
18 just to clarify that to us?  
19 MR. HARILSON: Yes. We can  
20 share it in several different venues - IPA webinar,  
21 emails. We can share it in several different venues.  
22 MS. KEYSER: And as you said,  
23 there are a lot of resources again to make the member  
24 aware. Again, if you don't want this obligation,  
25 then, you need to go and do your part which is

1 notifying, etcetera, etcetera.

2 COMMISSIONER STECKEL: And  
3 we've made it easy to do that. I could understand  
4 the difficulty if we were saying they had to go to  
5 the DCBS office. I understand that, but if they can  
6 pick up the phone, if your Application Assistors that  
7 are in your operations can do it, if they can go  
8 online, and I would imagine a lot of your operations  
9 have kiosks or computers available. So, it is not a  
10 challenge for these women to do this.

11 MR. HARILSON: Can I ask a  
12 question? So, has the Department sent communication  
13 out in this respect?

14 If a member who is assigned to  
15 one of these clinics goes to the Health Department  
16 and finds out that they're pregnant from the Health  
17 Department, are the Health Departments aware to give  
18 this education to the member to call and report  
19 because it may not be the clinic that actually is the  
20 one seeing that member and passing that information  
21 out.

22 MS. GUICE: Correct. This rule  
23 has been in place for a long time.

24 MR. HARILSON: Is it going out  
25 in like the member documentation that you all send

1 when they get Medicaid as far as a member manual or  
2 anything like that that they get?

3 MS. GUICE: That I don't know  
4 because I have not read that.

5 MR. MARTIN: I'm sure that they  
6 probably don't know if the Health Department is  
7 relaying this information to them or not.

8 MR. HARILSON: Well, I guess my  
9 question was does the Health Department know that  
10 they should be?

11 MS. GUICE: Okay. We tell all  
12 the members all the time one critical piece of  
13 information. Any change in your circumstances must  
14 be reported to us - any change. Do people understand  
15 that that means if they get pregnant? I give up.  
16 So, sometimes they do and sometimes they don't, but  
17 this isn't a change in the rules. And certainly,  
18 though, if it's a big problem, we can send out some  
19 communication but I don't know who to send it to.

20 MR. HARILSON: Well, that's  
21 okay. I was just curious because we actually have a  
22 relationship with the Kentucky Health Department  
23 Association and we can work with Alison Adams and  
24 that group to make sure that they share it within  
25 their own organizations, hey, just a reminder, this

1 is the deal. Please make sure that you're letting  
2 them know.

3 COMMISSIONER STECKEL: And they  
4 have Assistors in the Health Departments, too, and at  
5 that point in time, they can say to the pregnant  
6 woman, if you do this now, you won't have to pay a \$3  
7 copay when you go see your provider, whoever your  
8 health care provider is.

9 Now, also, we have started  
10 developing a relationship with the Association and  
11 are doing a lot of work with the Public Health  
12 Department. So, we will raise this as an issue also.  
13 That's a very good point with both organizations, and  
14 if you will do the same. As Lee says, it's not a  
15 change in policy; but if we're not taking advantage  
16 of notifying the pregnant woman that at the point  
17 when she's told she's pregnant.

18 MS. KEYSER: And I would say,  
19 too, that not all pregnant patients that we see, they  
20 may come in for a primary care visit and not a  
21 prenatal-related visit and they may not look pregnant  
22 or anything. And, so, how they are approached by the  
23 staff to say, oh, KYMMIS says you owe \$3 and----

24 COMMISSIONER STECKEL: Isn't  
25 that the universal rule - you never ask a woman if

1 she's pregnant?

2 MS. KEYSER: Exactly.

3 COMMISSIONER STECKEL: If you  
4 all will work on it, we will work on it from our end,  
5 too, with the Public Health Department and with the  
6 Association.

7 MR. HARILSON: Sure. And,  
8 Chair, if it's okay, for the MCOs that are here, if  
9 there's anything out there that the MCOs could do to  
10 their membership as far as education to let them know  
11 that as well, I guess that might be something that  
12 the committee would like to ask as well.

13 MS. KEYSER: I would say so.

14 MS. GUICE: I was going to  
15 mention that most pregnant women are members of an  
16 MCO, enrolled in an MCO. So, I think that they can  
17 get some assistance that way as well.

18 MS. KEYSER: Thank you. Moving  
19 on, adding a G0511 to the DMS fee schedule. Mary  
20 Elam, are you going to cover this?

21 MS. ELAM: That's another  
22 suggestion. We have mentioned this in the past, last  
23 spring, I believe, when Teresa was still here and  
24 Charles Douglass. That is the Medicare code for  
25 chronic care management and the crossovers are not



1 configuring properly.

2 One of the MCOs is in the  
3 process of adding all of the "G" codes to their fee  
4 schedule in order to allow those crossover claims to  
5 process correctly and that may be another option, but  
6 we do have several groups that are seeing an issue  
7 with that.

8 MR. HARILSON: I guess the  
9 point being as opposed to each MCO who could say yes  
10 or no, but if Medicaid would put those "G" codes -  
11 and it's not even that they have to have a rate  
12 assigned to them or paid but just so they're  
13 recognized when it comes----

14 MS. GUICE: Oh, no. We do have  
15 to have a rate.

16 MR. HARILSON: Well, I'm just  
17 saying whether it's a penny or whatever it is, that  
18 they're recognized.

19 MS. GUICE: Really? You want  
20 us to put a penny on there so that the MCOs will----

21 MR. HARILSON: No. I don't  
22 know the details of that but I guess the overall  
23 point would be that as opposed to the clinics,  
24 whether they're part of the Association or the IPA or  
25 not, we represent all FQs and all RHCs and we

1 recognize that not all are part of our Association  
2 but we do represent them all. And for those that  
3 have even direct contracts to try to go to an MCO and  
4 ask them to configure a code onto their fee schedule  
5 to remedy this situation could be more difficult.

6 COMMISSIONER STECKEL: So,  
7 what's the code?

8 MS. GUICE: I'm sorry. I  
9 understood that Charles explained it to you. No?

10 COMMISSIONER STECKEL: He  
11 probably did.

12 MS. HUGHES: He talked to me a  
13 little bit and he was going to get back with some  
14 more information.

15 MS. GUICE: Generally speaking,  
16 I can say this, it has not been our practice to add  
17 "G" codes even from Medicare because they're "G"  
18 codes.

19 COMMISSIONER STECKEL: I know  
20 Charles did talk to me about this and it is totally  
21 escaping my mind now between everything that has  
22 happened this month.

23 So, can we take this back and  
24 look at it again and see?

25 MS. GUICE: And I apologize for

1       that.

2                               COMMISSIONER STECKEL: Well,  
3       it's not your fault. It's not your fault. So, we'll  
4       look at this and get back with you on November 7th.

5                               MS. KEYSER: Mary, this is  
6       causing a problem on the crossovers?

7                               MS. ELAM: Correct. So, the  
8       "G" code is denying and it's coming to DMS as an  
9       encounter with a zero or a denied claim rather.

10                              MR. HARILSON: So, can I ask  
11       those of you that are FQs and RHCs, it is a  
12       requirement that the "G" code is on the claim.

13                              MS. KEYSER: Travels with the  
14       claim, yes.

15                              MR. HARILSON: So, they can't  
16       not put it on there. It has to be put on there.

17                              MS. GUICE: It's a Medicare  
18       requirement.

19                              MS. KEYSER: Yes.

20                              MS. AGAN: So, it's very  
21       similar to the problem when Medicare introduced the  
22       "G" codes several years ago, and, then, when they  
23       moves over to the MCOs, they don't recognize it and  
24       you can get a whole accommodation of denials and  
25       rejections and they're not consistent. And, so, it

1 just kind of--it gets stuck there and you're fighting  
2 a battle that you can't win.

3 COMMISSIONER STECKEL: Okay.  
4 So, we'll get on top of this and be able to respond  
5 by November 7th.

6 MS. KEYSER: Moving on, the  
7 Chair needs to ask for for representation at the MAC  
8 meeting on September 26th. I will not be able to  
9 attend, and, so, I need to ask the committee, is  
10 there someone who can give our report? Mr. Martin,  
11 you're considering?

12 MS. HUGHES: Are you going to  
13 have recommendations?

14 MS. KEYSER: No.  
15 Representation at the MAC meeting, I will not be able  
16 to be there and we would like to have someone from  
17 the Primary Care TAC, if at all possible. Now, if  
18 this committee cannot send somebody, then, we will  
19 notify you there will not be anybody attending.

20 MS. HUGHES: I was just going  
21 say if there's no recommendations, there's not a  
22 requirement that you make a presentation.

23 MS. KEYSER: But I think also  
24 we would like to report to the MAC that we did meet  
25 and we did have some discussion and a very brief

1 synopsis. We're a part of this process.

2 MS. HUGHES: Yes.

3 MS. KEYSER: Noel, do I have to

4 have----

5 MR. HARILSON: No. I don't

6 think it's an action item. It's just a point of

7 discussion and it had to be on the agenda for us to

8 even discuss it. So, it was a point of discussion.

9 And as long as someone is there because it can no

10 longer be someone from the Association. It has to be

11 someone from the TAC.

12 MR. MARTIN: And we've been

13 under that assumption for the last couple of

14 meetings.

15 MS. KEYSER: All right. We

16 will figure that out afterwards, then.

17 We will move on to any updates

18 or announcements from our MCOs that are present, and

19 I see Pat foremost. So, WellCare, anything for the

20 committee?

21 MS. RUSSELL: Not at this point

22 in time. It's business as usual getting ready for

23 open enrollment.

24 MS. KEYSER: Thank you. And

25 Aetna.

1 MS. ASHER: Sammie Asher. I'm  
2 actually newly taking over KPCA and some other IPAs.  
3 New, we are getting ready to head right into open  
4 enrollment and at the DMS forums, we will be present  
5 for any questions. We'll have a table there and some  
6 folks to help out.

7 The "G" codes, we are working  
8 with KPCA on the "G" codes to get those added not as  
9 a payable code but as an approved code so it will  
10 come over as zero. So, we're trying to tweak the  
11 system to do that. That's it as far as  
12 announcements.

13 MS. KEYSER: Thank you so much.  
14 And I do not believe that we have anyone from Anthem,  
15 Humana or Passport.

16 If there is no other business  
17 to come before this committee, then, a motion to  
18 adjourn.

19 MR. MARTIN: I make a motion to  
20 adjourn.

21 DR. BISHNOI: Second.

22 MS. KEYSER: All those in  
23 favor. Thank you all. The committee will meet again  
24 in November with whoever is on the Board then.

25 MEETING ADJOURNED